

4758

This certificate is to be filled out by the attending physician or midwife within 3 days of birth. It is the duty of the attending physician or midwife to see that this certificate is filled out and filed with the local registrar within 3 days of birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS. <u>87418</u>	
District of _____		ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. <u>66</u>	
Town of <u>Miami</u>		Local Registrar's No. _____	
or _____			
City of _____			
(No. _____ St; _____ Ward)			
FULL NAME OF CHILD <u>Lutter Calvin Purcella</u>		Born <u>YES</u>	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <u>NO</u>	
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>3rd</u>
		Legitimacy <u>Yes</u>	Date of Birth <u>8th Feb</u> 19 <u>11</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Andrew M. Purcella</u>	Full Maiden Name <u>Ida Lucy</u>		
Residence <u>Miami Ariz.</u>	Residence <u>Miami Ariz.</u>		
Color or Race <u>American</u>	Color or Race <u>American</u>	Age at last Birthday <u>26</u>	Age at last Birthday <u>26</u>
		(Years)	(Years)
Birthplace <u>New Mex.</u>	Birthplace <u>Texas</u>		
Occupation <u>Engineer stationery</u>	Occupation <u>House wife</u>		
Number of child of this mother <u>3rd</u>	Number of children, of this mother, now living <u>2</u>	Were Precautions taken against Ophthalmia neonatorum <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Feb 8th 1911, at 6 AM

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) John H. Lee, M.D.

(Attending physician, midwife, householder.)

Given or christian name added from a supplemental report _____ 1911

Address Miami Ariz.

Filed Apr 12 1911

Filed May 6 1911

LOCAL REGISTRAR.

COUNTY REGISTRAR.

COUNTY REGISTRAR.